





Maria C. Macias Lopez

Incorporator Signature

STATE OF CALIFORNIA Office of the Secretary of State ARTICLES OF INCORPORATION CA PROFESSIONAL CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448



For Office Use Only

-FILED-

File No.: 6577260 Date Filed: 2/21/2025

Corporation Name	
Corporation Name	Maria C Macias Lopez MD Inc
Initial Street Address of Principal Office of Corporation	
Principal Address	4983 CARLINGFORD AVE. RIVERSIDE, CA 92504
Initial Mailing Address of Corporation	
Mailing Address	4983 CARLINGFORD AVE. RIVERSIDE, CA 92504
Attention	Maria C Macias Lopez MD
Agent for Service of Process	
Agent Name	Maria C Macias Lopez MD
Agent Address	4983 CARLINGFORD AVE. RIVERSIDE, CA 92504
Shares	
The total number of shares the corporation is	
Does the corporation have more than one clas	ss or series of shares? No
banking or trust company business) not prohib	n the profession of Medicine and any other lawful activities (other than the bited to a corporation engaging in such profession by applicable laws and I corporation within the meaning of California Corporations Code section 13400
Additional information and signatures set for made part of this filing.	rth on attached pages, if any, are incorporated herein by reference and
Electronic Signature	
By checking this box, I acknowledge that and that all information is true and correct	I am electronically signing this document as the incorporator of the Corporation t.

02/21/2025

Date